

SABETHA PARKS & RECREATION DEPARTMENT

805 Main PO Box 187 785-284-2158

ADULT ATHLETICS TEAM REGISTRATION AND ROSTER

Team name: _____

Manager's name: _____

Email: _____

Address: _____

Cell phone: _____ home phone _____ work phone _____

Second contact name _____

Email: _____

Cell number: _____ home phone _____ work phone _____

Year: _____

Season:

spring summer fall winter

Sport:

Volleyball -\$60/team Men's Basketball-\$120/team

League:

Men's Women's Co-Rec

TEAM ROSTER:

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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

THIS FORM AND ENTRY FEE MUST BE TURNED IN BY THE DESIGNATED DEADLINE FOR EACH SPORT.

OFFICE USE ONLY		
PAID \$ _____	DATE- _____	RECEIPT NUMBER _____